

May 22, 2009

Los Angeles County **Board of Supervisors** 

> Gloria Molina First District

TO:

FROM:

SUBJECT:

Each Supervisor

Mark Ridley-Thomas

Second District

John F. Schunhoff, Ph.D. Asplans for

Interim Director

Zev Yaroslavsky Third District

STATUS REPORT ON KEY INDICATORS OF PROGRESS.

HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER - PROGRESS REPORT #12 (Agenda Item #S-1.

May 26, 2009)

Don Knabe Fourth District

Michael D. Antonovich Fifth District

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This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the period of April 2009.

### Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of April 2009 was 572 out of 671 licensed beds, an estimated 83% utilization rate (85% occupancy). This is the same ADC as March 2009, the highest level since the November move. The census for Medical/Surgical (Med/Surg) units was an estimated 94% utilization rate (96% occupancy).

#### **Diversion Data**

www.dhs.lacounty.gov

ED saturation diversion averaged 58% for the month of April 2009, a slight increase from the month of March 2009.

To improve health

through leadership, service and education. Patient Flow Updates

In an effort to manage increasing ED boarding times (EDBTs) and associated patient flow issues, several major initiatives have been implemented:

Licensing Program Flexibility -- On May 15, 2009, the California Department of Public Health (CDPH) approved LAC+USC's application for program flexibility with respect to 10 intensive care unit (ICU) beds. The facility requested that CDPH authorize the use of 10 ICU beds as Med/Surg ward level beds in an attempt to better meet patient care needs. Currently, there is a greater need for inpatient ward beds as opposed to ICU beds. ICU capacity remains sufficient for patients needing a higher level of care.

The approval allows the facility to staff the beds according to Med/Surg standards (1 nurse to 5 patients) instead of ICU ratios (1 nurse to 2 patients). These beds were opened and staffed on May 18, 2009. The beds can be reverted back to ICU status if there is a need; staffing would be adjusted accordingly.



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<u>Temporary Overflow Med/Surg Beds</u> -- LAC+USC has identified a patient care area of the Diagnostic and Treatment Tower that can be utilized on a temporary basis when the boarding time of patients waiting to be admitted becomes problematic due to lack of inpatient capacity. This overflow area is fully equipped and, when used, is appropriately staffed to manage patients as if assigned to a permanent bed as an interim measure until a bed is made available.

<u>Transfers for Admission</u> -- LAC+USC continues to arrange for transfers of eligible, consenting Med/Surg patients to Rancho Los Amigos Rehabilitation Center for admission. In addition, efforts to transfer patients to private facilities are increased when in-house Med/Surg capacity is maximized. For April 2009, 61 patients were transferred out for admission to Rancho and 35 were transferred to other hospitals for a total of 96 transfers.

The Department continues to look for additional options to decompress the ED during peak periods of activity and increase admission capacity as needed.

If you have any questions or need additional information, please contact me or Carol Meyer, Interim Chief Network Officer, at (213) 240-8370.

JFS:CM:pm 811:003

#### Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Operational Monitoring Report Reporting Period – April 2009

Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dai	y Census and Hospital Operations Metrics	
1a. Average Daily Census (ADC)	ADC: A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean.  Calculation: Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month.  Source of Data: Affinity	ADC  ADC  ADC  ADC  ADC  ADC  ADC  ADC	ADC provided as background information.

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Indicator	Definition				Data				· · · · · · · · · · · · · · · · · · ·	Comments
Indicator #1	<ul> <li>Trends in Average Dail</li> </ul>	y Census a	and Hospita	l Operati	ons Metr	ics				·
1b. Occupancy Rate LAC+USC Medical Center	Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.  Calculation: The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds.  Source of Data: Affinity  Target: 95%	New 8 6 90% 4 2 Medica Med C	72% 70% 70% Nov '08 Al Center Lice	ed Center Center Cen 77% Dec '08 ensed Ocus + New Center C	er Censumsus – Netherlands – Netherlands – Netherlands – Netherlands – State –	s - Newleyborns / 83% Feb '09 I Rate (inc	borns / / 600 84% Mar '09	84% Apr '09	2.	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Indicator	Definition		Data				Comments
		Med Center Cer	Network Budgeted (nsus + Newborns + Census + Newborns 671  77%82%  Dec '08 Jan '09	Psych Ho	osp Censi		
		Medical Center = N Healthcare Network		sychiatric	Hospitals	3	

# LAC+USC Medical Center Operational Monitoring Report Reporting Period – April 2009

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	Metrics	
2a. Median Emergency Department Boarding Time (EDBT)	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).	9:36 9:38 Dec '08 Dec '09 Dec	
*Harris Rodde Indicator	Calculation: The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values.	3:36	
	Source of Data: Affinity Target: Less than 7 hours.		

Indicator	Definition	Data	Comments
Indicator	Definition	Time (hrs:min)  Time (hrs:min)  Median Boarding Time*  **A 43:43  **A 5:21  **A 6:00  **A 6:32  **A 6:33  **A 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Comments
		1:12 Oct 100 Pec 100 P	

# LAC+USC Medical Center Operational Monitoring Report Reporting Period – April 2009

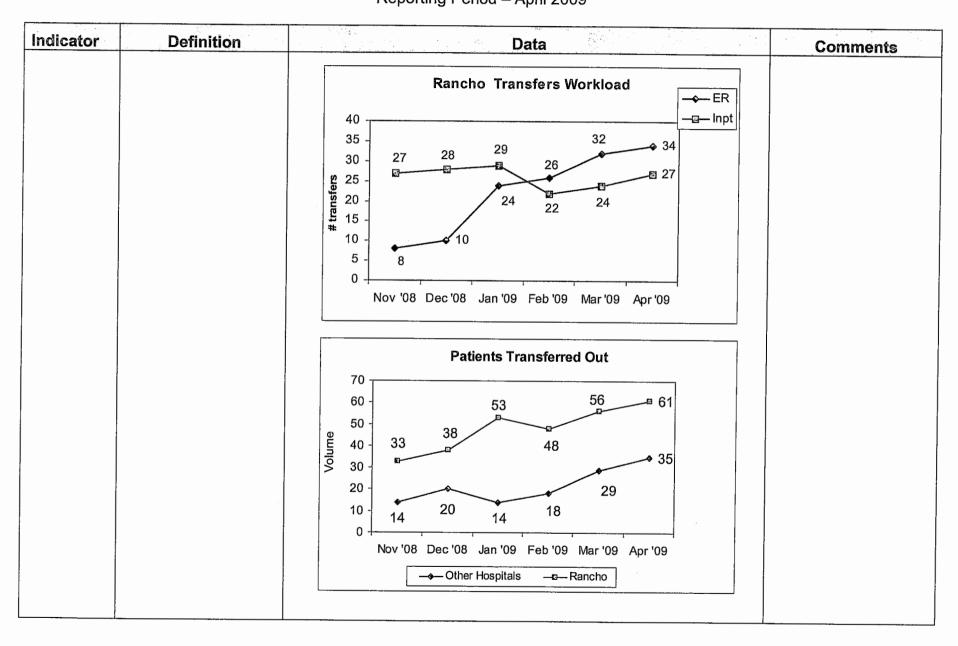
Indicator	Definition				Data		Comments
Indicator #2	- Emergency Departmen	t Metric	s				
2b. ED Wait Time	ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.  Definition:	Time (hrs:min)	13:26 - 11:31 - 09:36 - 07:40 - 05:45 -	ED			
	Sum of all wait time values during the monthly reporting period divided by the total number of values.	Time	03:50 - 01:55 - 00:00 -	Adult	Peds	Total	•
	Source of Data:		■ Nov '08	10:36	3:18	10:30	
	Affinity		□ Dec '08	11:07	2:53	09:36	
			□Jan '09	12:20	3:20	10:41	
	Target:		□ Feb '09	10:54	3:31	9:19	
	No target value. Lower		Mar '09	10:18	3:18	12:12	
	numbers are better.		<b>□</b> Apr '09	12:18	3:15	10:18	
		patient <b>Total</b>	s ED Wait	<b>time:</b> *Excludes	h, Pediatric, Obser Psych, Observatio	vation Unit, and Jail on Unit, and Jail	
		April '(	09 data is P	reliminary data			

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	Metrics	
2c. Left	LWBS: The total number of patients who left the	Left Without Being Seen	
Without Being Seen	ED without being seen by a physician reported	2500	
(LWBS)	as a percentage of all ED visits.	2000 -	
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis.  Source of Data: Affinity Target: No target value. Lower numbers are better.	1500 - 10% tueble 10% to 10% t	
·	·		

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2d. ED Diversion	ED Diversion: A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis.  Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month.  Source of Data: ReddiNet	Diversion of ALS Units due to ED Saturation  To the mouth of the state of the stat	This is slightly lower than the before move diversion history which generally ranged between 50-60%.  Key points:  Diversion is for paramedic runs only; Basic Life Support ambulances still arrive.  When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".
2e. Surge Report		Surge reporting suspended during move weeks. Data not available. Will provide when reinstituted.	

Indicator	Definition		Data			Comments
Indicator #3	- Trends for Patient Dive	ersions and Transfers & #4	1 – Transfers	s to Rancho Los	Amigos Metric	S
3. & 4. Rancho	Transfers: The volume of patients transferred to RLAH for	Month of April Referrals from ER:				
Los Amigos	acute hospitalization from the Emergency		Med/Surg	Acute Stroke	Total	
Hospital (RLAH)	Department and from	# Met transfer criteria	59	NA	-	
Transfers	Inpatient Units.	# Referred to RLAH	59	15	74	
	Deta Course	# Transfers	34	15	49	
	Data Source: Manual record keeping.	# Denied	6	NA	-	
	. •	# Cancelled	19*	NA	-	
	Cancelled category	# Patients refused*	12	NA	-	
	includes patients who's condition changed leading to higher level of care or discharge home.	Referrals from Inpatients	: Med/Surg	Acute Stroke	Total	
	, nome.	# Met transfer criteria	40	NA	-	
		# Referred to RLAH	40	4	44	
		# Transfers	27	4	31	
		# Denied	6	NA	-	
		# Cancelled	7*	NA	-	
		# Patients refused*	1	NA	-	
		Other /Pending	-	NA	<u>-</u>	
			· <u>-</u>			

### LAC+USC Medical Center Operational Monitoring Report Reporting Period – April 2009



Indicator	Definition	Data	Comments
Indicator #5	– Harris Rodde Indicator	s	T-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
5.	LOS:	ALOS	Overall trend in ALOS
Average Length of Stay (ALOS)	The difference between discharge date and the admission date or 1 if the 2 dates are the same.  Total LOS:	6.5 6.4 5.8 5.8 6.0 5.6 5.6 5.6 5.5 5.5 5.5 5.5 5.6 5.5 5.5	for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior to the move, the ALOS increased as the lower acuity patients were
*Harris Rodde Indicator	Calculation: ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.	4 - 3.5 - 3 - 90, to 0 - 20, to 0	transferred to other facilities. This trend may continue depending on number of transfers.
	Source of Data: Affinity Target: <5.5 days	*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation	

Indicator	Definition			Data	a		Comme	nts					
Indicator #6 – P	ediatric Metrics												
6. Pediatric Bed Census and Occupancy (%)	Census: The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.	100% - 80% - 30 60% - 80% -		Pediatrics									
Pediatric ICU (PICU)	Occupancy: The total number of admitted pediatric	20% -											
Neonatal ICU (NICU) Pediatric Unit	inpatients divided by the total number of licensed beds on that	0% -	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)							
	unit and reported as	■ Nov-08	56%	54%	50%	33%							
Adolescent Unit	percentage.	□Dec-08	52%	60%	60%	40%							
Onit						, J	□Jan-09	52%	68%	70%	75%		
			□Feb-09	50%	80%	80%	85%						
	Source of Data:	<b>⊠</b> Mar-09	57%	72%	70%	80%							
	Affinity	□ Apr-09	57%	60%	60%	75%							